Professional Licensing Agency

402 West Washington Street Room W072 Indianapolis, IN 46204



Eric J. Holcomb

Governor of Indiana

Lindsay M. Hyer

PLA Executive Director

Physical Therapist/Physical Therapy Assistant Renewal

Renew online now using Access Indiana Single Sign-on at MyLicense.IN.gov. To renew by mail, send this form with the renewal fee of \$100.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after expiration, you must include a \$50 late fee. If you answer 'Yes' to any disciplinary question below, send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address					
Licensee Name	License Number	Expiration Da	ate	Renewal Fee	
Street Address					
	T	1			
City	State	Zip Cod	e		
Phone Number	Email Address				
QUESTIONS					
1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?				YES NO	
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state or U.S. territory?			ate or	YES NO	
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory?				YES NO	
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?				YES NO	
5. Since you last renewed, have you been terminated, reprimanded, disciplined, or demoted in the scope of your practice in physical therapy or as another health care professional?			ope of	YES NO	
ORGAN & TISSUE DONOR					
In 2022, the Indiana State Legislature passed a law (SEA 260) allowing Indiana residents to sign up as organ donors when seeking or renewing professional licenses via the Indiana Professional Licensing Agency. More than 100,000 people are awaiting a lifesaving transplant, and more than 1,000 of those waiting are Hoosiers, so your decision to say "yes" can truly help save lives.					
By selecting "yes", I affirm that I wish to be an organ, tissue, and eye donor upon my death. I would like to donate all organs and tissues for transplant, research, and education. At the time of my death, I understand that my family cannot override my decision. I understand this online sign-up is binding and is a legal document of gift. I do solemnly swear, affirm or certify that I am the applicant described in this application and that the information entered herein is true and correct.					
	7 01 0		YES I	NOT TODAY	
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing competency requirements for renewal, understand the Physical Therapy Board statutes and rules, and have answered the questions true to the best of my knowledge. Signature of Licensee Date (month, day, year)					

Visit us on the web at www.pla.in.gov for additional information regarding your license.

FOR OFFICE USE ONLY				
Renewal Fee	Receipt No.	Date		